

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☐GAS
WELL ☒

OTHER

SINGLE
ZONE ☐MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

Wexpro Company

3. ADDRESS OF OPERATOR

P. O. Box 458, Rock Springs, WY 82901

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*

At surface

1487' FSL, 1173' FEL, NE SE

At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

15 miles south and west of Ouray, Utah

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)

1487' FSUL

16. NO. OF ACRES IN LEASE

1353.33

18. DISTANCE FROM PROPOSED LOCATION*

TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

1800'

19. PROPOSED DEPTH

6450'

17. NO. OF ACRES ASSIGNED
TO THIS WELL

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

GR 4925'

22. APPROX. DATE WORK WILL START*

Upon Approval

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12-1/4	9-5/8	36	300	165 sxs w/ 3% CaCl & 1/4# flocele To be determined - will cement to at least 350' above Birds Nest Aquifer.
8-3/4	5-1/2	17	6450	

See attached drilling plan.

APPROVED BY THE STATE
OF UTAH DIVISION OF
OIL, GAS, AND MINING

DATE: 4-26-83

BY: [Signature]

RECEIVED

APR 21 1983

DIVISION OF
OIL, GAS & MINING

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED

[Signature]

TITLE Drilling Superintendent

DATE 4-18-83

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DATE

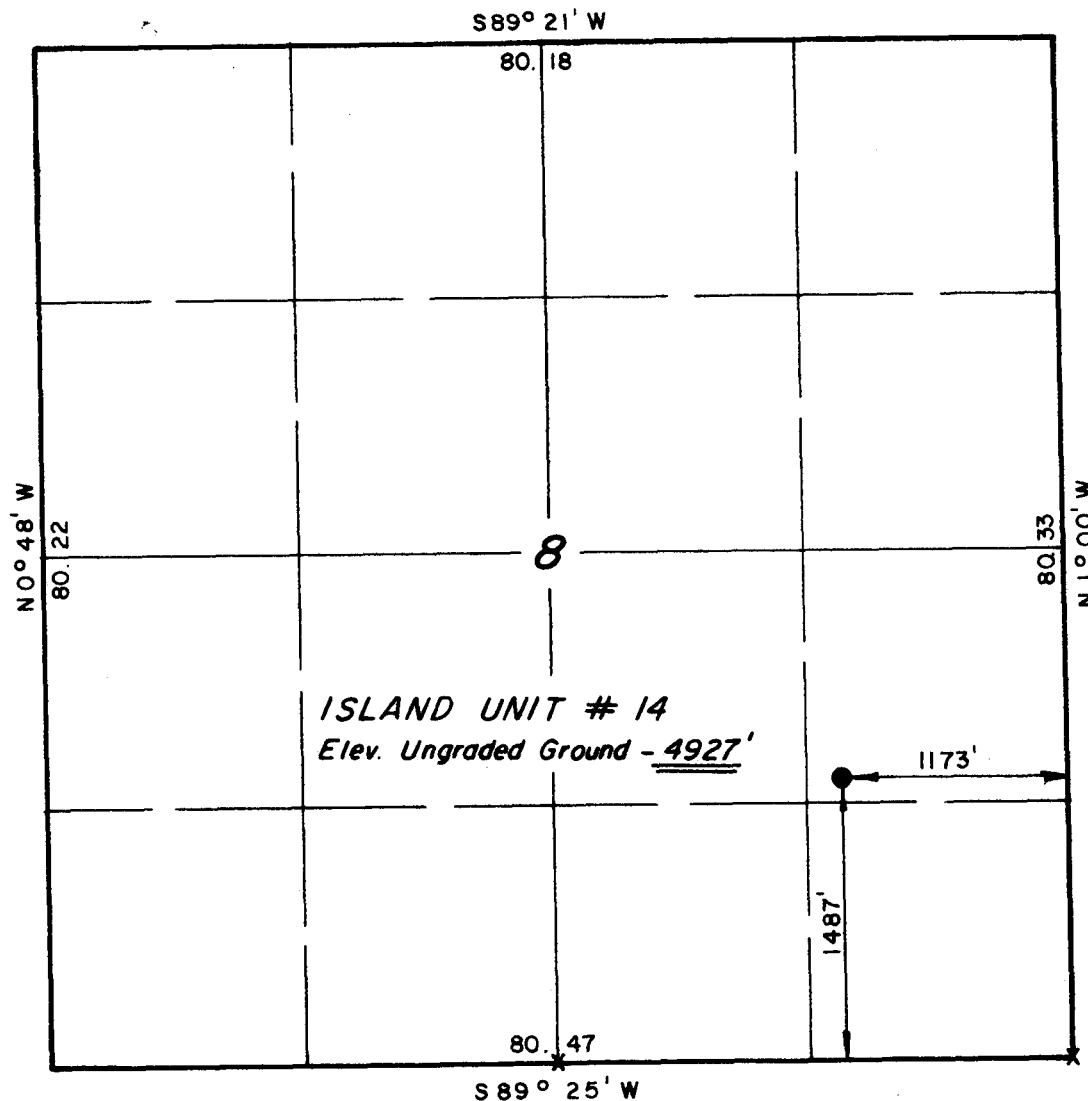
CONDITIONS OF APPROVAL, IF ANY:

T 10 S , R 20 E , S.L.B.&M.

PROJECT

WEXPRO CO.

Well location, *ISLAND UNIT*
#14, located as shown in the
NE 1/4 SE1/4 Section 8, T10S,
R20E, S.L.B. & M. Uintah
County, Utah.



X = Section Corners Located



CERTIFICATE

THIS IS TO CERTIFY THAT THE ABOVE PLAT WAS PREPARED FROM
FIELD NOTES OF ACTUAL SURVEYS MADE BY ME OR UNDER MY
SUPERVISION AND THAT THE SAME ARE TRUE AND CORRECT TO THE
BEST OF MY KNOWLEDGE AND BELIEF

REGISTERED LAND SURVEYOR
REGISTRATION NO 3137
STATE OF UTAH

UTAH ENGINEERING & LAND SURVEYING
 P. O. BOX Q - 85 SOUTH - 200 EAST
 VERNAL, UTAH - 84078

SCALE	1" = 1000'	DATE	3/7/83
PARTY	DA DK RP	REFERENCES	GLO Plat
WEATHER	Fair	FILE	WEXPRO

Drilling Plan
Wexpro Company
Island Unit Well No. 14
Uintah County, Utah

1. SURFACE FORMATION: Uinta
- 2 & 3. ESTIMATED TOPS AND WATER, OIL, GAS OR MINERAL BEARING FORMATIONS:

Green River	1600'	- oil or gas
Birds Nest Aquifer	1955'	- fresh water
Wasatch Tongue	4225'	
Green River Tongue	4525'	- oil or gas
Wasatch	4700'	- gas
Chapita Wells Zone	5450'	- gas

4. CASING PROGRAM:

Footage	Size	Grade	Wt.	Condition	Thread	Cement
300	9-5/8	K-55	36	New	8 rd, ST&C	165 sxs w/ 3% CaCl & 1/4# flocele
6450	5-1/2	K-55	17	New	8 rd, LT&C	To be determined - will cement to at least 350' above Birds Nest Aquifer.

5. PRESSURE CONTROL EQUIPMENT: (See attached diagram)
Operator's minimum specifications for pressure control equipment requires an 11-inch 3000 psi double gate hydraulically operated blowout preventer. Surface casing and all preventer rams will be pressure tested to 2500 psi for 15 minutes using rig pump and mud. BOP's will be checked daily as to mechanical operating condition and will be tested by rig equipment after each string of casing is run. All ram type preventers will have hand wheels which will be operative at the time the preventers are installed.

6. MUD PROGRAM: Gel water base mud from surface to total depth.

Sufficient mud materials to maintain mud properties, control lost circulation and to contain blowout will be available at the wellsite.

7. AUXILIARY EQUIPMENT:

- a) Manually operated kelly cock
- b) No floats at bit
- c) Monitoring of mud system will be visual
- d) Full opening floor valve manually operated

8. LOGGING: DIL-SFL - Surface casing to total depth.
BHC-Sonic-GR with Caliper - Surface casing to total depth.
CNL-FDC-GR with Caliper - from 3000' to total depth.
- TESTING: None.
- CORING: None.
9. ABNORMAL PRESSURE AND TEMPERATURE: No abnormal pressure, BHT of 150° F. expected.
10. ANTICIPATED STARTING DATE: Upon approval.
- DURATION OF OPERATION: 10 days drill, 2 days complete.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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b. TYPE OF WELL

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WELL ☐GAS
WELL ☒

OTHER

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ZONE ☐MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

Wexpro Company

3. ADDRESS OF OPERATOR

P. O. Box 458, Rock Springs, WY 82901

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*)

At surface

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At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

15 miles south and west of Ouray, Utah

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(Also to nearest drlg. unit line, if any)

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GR 4925'

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8-3/4	5-1/2	17	6450	To be determined - will cement to at least 350' above Birds Nest Aquifer.

See attached drilling plan.

SALT LAKE CITY, UTAH

APR 21 1983

OIL & GAS OPERATIONS
RECEIVED

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED

A. J. Maser

TITLE Drilling Superintendent

DATE 4-18-83

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

*W. T. Mauter*E. W. Guynn
TITLE District Oil & Gas Supervisor

DATE

MAY 19 1983

CONDITIONS OF APPROVAL, IF ANY:

CONDITIONS OF APPROVAL ATTACHED
TO OPERATOR'S COPY

NOTICE OF APPROVAL

*See Instructions On Reverse Side

FLARING OR VENTING OF
GAS IS SUBJECT TO NTL 4-A
DATED 1/1/80

State O & G

Wexpro Company
Well No. 14
Section 8, T. 10 S., R. 20 E.
Uintah County, Utah
Lease U-4486
Island Unit

Supplemental Stipulations

- 1) Traveling off access road right-of-ways will not be allowed. The maximum width of access pads (both existing and planned) will be 30 feet total disturbed area. Roads will be crowned and properly maintained. Turn-outs will not be required. Bar ditches will be installed where necessary.
- 2) Burn pits will not be constructed. There will be no burning or burying of trash or garbage at the well site. Refuse must be contained in trash cages and hauled to an approved disposal site.
- 3) A wire mesh or net type of fence, topped with at least one strand of barbed wire, will be used around the reserve pits.
- 4) The BLM will be contacted at least 24 hours prior to any rehabilitation activities. The operator may be informed of any additional needed seeding requirements.
- 5) No topsoil will be saved due to the lack of same; however, upon abandonment, the pad and access road will be recontoured and ripped to a minimum of 12 inches.
- 6) Where the access road and existing road meet, a "Y" intersection shall be used to facilitate the turning of large trucks.
- 7) All permanent (onsite for six (6) months duration or longer) structures constructed or installed, including the pumpjack and covering over tank insulation, shall be painted a flat, non-reflective, earth tone color to match Tnemec 23-08351 Mesa Brown Enduratone or an approved equal. All facilities shall be painted within six (6) months of when the production facilities are put in place. Facilities that are required to comply with O.S.H.A. (Occupational Safety and Health Act) standards are excluded.
- 8) Choice of color stipulation may vary depending on location.
- 9) Adequate and sufficient electric/radioactive logs will be run to locate and identify the prime oil shale horizons and saline minerals in the Mahogany Zone of the Green River formation. Casing and cementing programs will be adjusted to eliminate any potential influence of the well bore or productive hydrocarbon zones on the oil shale or saline minerals resources. Surface casing program may require adjustment for protection of fresh water aquifers.

ADDITIONAL STIPULATIONS FOR PRODUCTION FACILITIES

Your Application for Permit to Drill also included a submittal for production facilities. These production facilities are approved for the lessee and his designated operator under Section 1 of the Oil and Gas Lease with the following conditions:

- (1) The oil and gas measurement facilities must be installed on the well location. The oil and gas meters will be calibrated in place prior to any deliveries. Tests for meter accuracy are to be conducted monthly for the first three months on new meter installations and at least quarterly thereafter. Please provide this office with a date and time for the initial meter calibration and all future meter proving schedules. A copy of the meter calibration reports are to be submitted to the Salt Lake City District Oil and Gas Supervisor. Royalty payments will be made on all production volume as determined by the meter measurements or the tank measurements. All measurement facilities must conform with the API standards for liquid hydrocarbons and the AGA standard for natural gas measurement.
- (2) Gas meter runs for each well will be located within 500 feet of the wellhead. The gas flowline will be buried from the wellhead to the meter and 500 feet downstream of the meter run or any production facilities. Meter runs must be housed and/or fenced.
- (3) All disturbed areas not required for operations will be rehabilitated.
- (4) All produced liquids must be contained including the dehydrator vent/condensate line effluent. All production pits must be fenced.
- (5) The well activity, the well status and the date the well is placed on production must be reported on Lessee's Monthly Report of Operations, Form 9-329.
- (6) All off-lease storage, off-lease measurement, or commingling on lease or off-lease must have written approval.
- (7) All product lines entering and leaving hydrocarbon storage tanks must be locked/sealed.
- (8) You are reminded of the requirements for handling, storing, or disposing of water produced from oil and gas wells under NTL-2B.
- (9) All materials, trash, junk, debris, etc. not required for production must be removed from the well site and production facility site at the completion of these operations.
- (10) A copy of the Gas Sales Contract will be provided to this office and the Royalty Accounting Department as directed.
- (11) Construction and maintenance for surface use approved under this plan should be in accordance with the surface use standards as set forth in the BLM/GS Oil and Gas Brochure entitled, "Surface Operating Standards for Oil and Gas Exploration and Development." This includes, but is not limited to, such items as road construction and maintenance, handling of top soil and rehabilitation.
- (12) "Sundry Notice and Reports on Wells" (form 9-331) will be filed for all changes of plans and other operations in accordance with 30 CFR 221.58. Emergency approval may be obtained verbally, but such approval does not waive the written report requirement. Any additional construction, reconstruction, or alternations of facilities, including roads, gathering lines, batteries, measurement facilities, etc., will require the filing of a suitable plan and prior approval by the survey.

OPERATOR WEXPAD CO

DATE 4-26-83

WELL NAME ISLAND UNIT # 14

SEC NES 8 T 10 S R 20 E COUNTY UINTAH

43-047-31331

API NUMBER

FED

TYPE OF LEASE

POSTING CHECK OFF:

☐

INDEX

☐

HL

☐☐

NID

☒

PI

☐☐

MAP

☐☐

PROCESSING COMMENTS:

RTFV

APPROVAL LETTER:

SPACING:

☒

A-3

ISLAND
UNIT

☐

c-3-a

CAUSE NO. & DATE

☐

c-3-b

☐

c-3-c

SPECIAL LANGUAGE:

☒ RECONCILE WELL NAME AND LOCATION ON APD AGAINST SAME DATA ON PLAT MAP.

☒ AUTHENTICATE LEASE AND OPERATOR INFORMATION

☒ VERIFY ADEQUATE AND PROPER BONDING *FED*

☒ AUTHENTICATE IF SITE IS IN A NAMED FIELD, ETC.

☐ APPLY SPACING CONSIDERATION

☐ ORDER _____

☐ UNIT *ISLAND*

☐ c-3-b

☐ c-3-c

☒ CHECK DISTANCE TO NEAREST WELL.

☒ CHECK OUTSTANDING OR OVERDUE REPORTS FOR OPERATOR'S OTHER WELLS.

☒ IF POTASH DESIGNATED AREA, SPECIAL LANGUAGE ON APPROVAL LETTER

☒ IF IN OIL SHALE DESIGNATED AREA, SPECIAL APPROVAL LANGUAGE.

April 26, 1983

Wexpro Company
P. O. Box 458
Rock Springs, Wyoming 82901

RE: Well No. Island Unit #14
NESE Sec. 8, T.10S, R.20E
1487.FSL, 1173 FEL
Uintah County, Utah

Gentlemen:

Insofar as this office is concerned, approval to drill the above referred to gas well is hereby granted in accordance with Section 40-6-11, Utah Code Annotated 1953; and predicated on Rule A-3, General Rules and Regulations and Rules of Practice and Procedure.

Should you determine that it will be necessary to plug and abandon this well, you are hereby requested to immediately notify the following:

RONALD J. FIRTH - Chief Petroleum Engineer
Office: 533-5771
Home: 571-6068

Enclosed please find Form OGC-8-X, which is to be completed whether or not water sands (aquifers) are encountered during drilling. Your cooperation in completing this form will be appreciated.

Further, it is requested that this Division be notified within 24 hours after drilling operations commence, and that the drilling contractor and rig number be identified.

The API number assigned to this well is 43-047-31330.

Sincerely,

Norman C. Stout
Administrative Assistant

NCS/as
cc: Oil & Gas Operations
Enclosure

DIVISION OF OIL, GAS AND MINING

SPUDDING INFORMATION

NAME OF COMPANY: WEXPRO

WELL NAME: Island Unit #14

SECTION NENE 8 TOWNSHIP 10S RANGE 20E COUNTY Uintah

DRILLING CONTRACTOR Brinkerhoff Signal

RIG # 85

SPUDDED: DATE 5-24-83

TIME 2:00 PM

How Rotary

DRILLING WILL COMMENCE

REPORTED BY Kathy

TELEPHONE # 307-382-9791

DATE 5-25-83 SIGNED AS

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other

2. NAME OF OPERATOR

Wexpro Company

3. ADDRESS OF OPERATOR

P. O. Box 458, Rock Springs, WY 82902

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1487' FSL, 1173' FEL, NE SE

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON* ☐(other) Supplemental History ☐

SUBSEQUENT REPORT OF:

RECEIVED
JUN 07 1983

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

DIVISION OF
OIL GAS & MINING

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Depth 6120', drilling.

Spudded May 24, 1983 at 2:00 P.M.

Landed 9-5/8" OD, 36#, K-55, 8 rd thrd, ST&C casing at 350.05' KBM, cemented with 165 sacks Regular Type G cement, cement in place at 5:15 A.M., 5/25/83, cemented top outside 1" line pipe at 80" with 100 sacks Regular Type G cement, cement in place at 10:00 A.M., 5/25/83.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED A. J. Mauer TITLE Drlg. Superintendent DATE June 1, 1983

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐
well well

2. NAME OF OPERATOR

Wexpro Company

3. ADDRESS OF OPERATOR

P. O. Box 458, Rock Springs, WY 82902

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: NE SE, 1487' FSL, 1173' FEL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

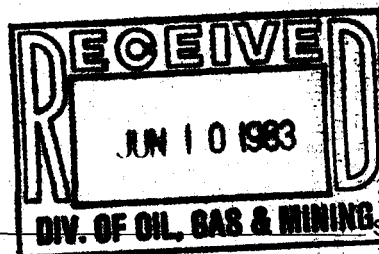
ABANDON* ☐

(other) Supplemental History ☐

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Depth 6480', WOCT.

Landed 5½" OD, 17#, K-55, 8 rd thrd, LT&C casing at 6219.40' KBM or 14.75' below KB, cemented with 310 sacks Dowell Hilite with additives, followed with 795 sacks Regular Type G with additives, cement in place at 8:00 A.M. 6/4/83.



Subsurface Safety Valve: Manu. and Type _____

18. I hereby certify that the foregoing is true and correct

SIGNED

C. J. Maser

TITLE Drlg. Supt.

DATE June 8, 1983

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other ☐
2. NAME OF OPERATOR
Wexpro Company
3. ADDRESS OF OPERATOR
P. O. Box 458, Rock Springs, WY 82902
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: NE SE, 1487' FSL, 1173' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
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REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON* ☐(other) Supplemental History ☒

SUBSEQUENT REPORT OF:

☐☐☐☐☐☐☐☐☒RECEIVED
JUL 01 1983

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

DIVISION OF
OIL GAS & MINING

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Total Depth of 6480' reached on June 5, 1983.

Waiting on completion tools.

Subsurface Safety Valve: Manu. and Type _____

18. I hereby certify that the foregoing is true and correct

SIGNED

P. Martin

TITLE

Ass't. Drlg. Supt.

DATE

June 28, 1983

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYForm Approved.
Budget Bureau No. 42-R1424

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well <input type="checkbox"/>	gas well <input checked="" type="checkbox"/>	other <input type="checkbox"/>
2. NAME OF OPERATOR Wexpro Company		
3. ADDRESS OF OPERATOR P. O. Box 458, Rock Springs, WY 82902		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: NE SE, 1487' FSL, 1173' FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) Supplemental History <input checked="" type="checkbox"/>	xx

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Rigged up workover rig to begin completion operations July 1983.

Subsurface Safety Valve: Manu. and Type _____

18. I hereby certify that the foregoing is true and correct

SIGNED C. J. Maser TITLE Drig. Supt. DATE July 1983
(This space for Federal or State office use)APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.6.

49

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:				OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	DRY <input type="checkbox"/>	Other _____		
b. TYPE OF COMPLETION:				NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other _____
2. NAME OF OPERATOR								5. LEASE DESIGNATION AND SERIAL NO.	
Wexpro Company								U-4486	
3. ADDRESS OF OPERATOR								6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
P. O. Box 458, Rock Springs, WY 82902								---	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*								7. UNIT AGREEMENT NAME	
At surface NE SE, 1487' FSL, 1173' FEL								Island	
At top prod. interval reported below								8. FARM OR LEASE NAME	
At total depth								Unit	
14. PERMIT NO.								9. WELL NO.	
43-047-31331								14	
DATE ISSUED								10. FIELD AND POOL, OR WILDCAT	
4/26/83								Island	
12. COUNTY OR PARISH								11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA	
Uintah								8-10S-20E, SLB&M	
13. STATE									
Utah									
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, REB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD	
5/24/83		6/5/83		8/9/83		KB 4939.75' GR 4925'			
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY		ROTARY TOOLS	
6480'		6150'				→		0-6480'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*								25. WAS DIRECTIONAL SURVEY MADE	
5861'-5875', 6032'-6047' Wasatch								No	
26. TYPE ELECTRIC AND OTHER LOGS RUN								27. WAS WELL CORED	
DLL, BHC, CNL-FDC								No	
28. CASING RECORD (Report all strings set in well)									
CASINO SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD	
9-5/8		36		350.05'				265 sxs Reg. G	
5-1/2		17		6219.40'				310 sxs Hilite & 795 sxs	
								Regular G	
29. LINER RECORD									
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)	
30. TUBING RECORD									
SIZE		DEPTH SET (MD)		PACKER SET (MD)					
2-3/8"		5819.00'							
31. PERFORATION RECORD (Interval, size and number)									
6032'-6047' - 2 holes per foot									
5861'-5875' - 2 holes per foot									
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.									
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED							
6032'-6047'		44,016 gals YF4G, 5502 gals WF-10,							
		24,000# 100 mesh, 75,000# 20-40							
5861'-5875'		44,000 gals YF4G, 5340 gals WF-10,							
		24,000# 100 mesh, 75,000# 20-40							
33.* PRODUCTION									
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)		
Shut-in		Flowing					Shut-in		
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.	
8/9/83		8		32/64"		→		17.5	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.	
675		1250		→				3997	
								WATER—BBL.	
								53	
								OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)								TEST WITNESSED BY	
Vented while testing									
35. LIST OF ATTACHMENTS									
Logs previously submitted									
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records									
SIGNED		TITLE				DATE			
Robert L. Thomas		Staff Engineer				Aug 12, 1983			

*(See Instructions and Spaces for Additional Data on Reverse Side)

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions. If not filed prior to the time this summary record is submitted, copies of all necessary instructions should be obtained from the local Federal and/or State office.

tion and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion) so state in item 20 and 23.

interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

item 33: Submit a separate completion report on this form for each interval to be separately produced. (See Instruction for items 22 and 24 above.)

38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
			Uinta Green River Wasatch Tongue Green River Tongue Wasatch
			Surface 1,184 4,167 4,509 4,654

Maypro L.U. # 11/

Sec 8, 1030, 20E

Reply

6 June 88

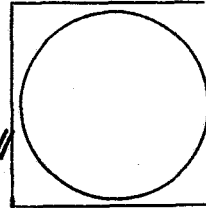


access
road.



dehydrator

tank
w/ firewall



emer-
gency
pit



line
heater.

well
head

topsoil stock pile (mostly boulders)

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug-back to a different reservoir.
 Use "APPLICATION FOR PERMIT--" for such proposals.)

1. OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. U4486
2. NAME OF OPERATOR WEXPRO COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---
3. ADDRESS OF OPERATOR P. O. BOX 458, ROCK SPRINGS, WY 82902	PHONE NUMBER (307) 382-9791	7. UNIT AGREEMENT NAME ISLAND UNIT
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements* See also space 17 below.) At surface 1487' FSL, 1173' FEL NE SE 8-10S-20E		8. WELL NO. UNIT NO. 14
14. PERMIT NO.		9. API WELL NO. 43-047-31331
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 4939.75' GR 4925'		10. FIELD AND POOL, OR WILDCAT ISLAND - WASATCH
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE SE 8-10S-20E
		12. COUNTY or PARISH UINTAH
		13. STATE UTAH

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) Pit closure ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

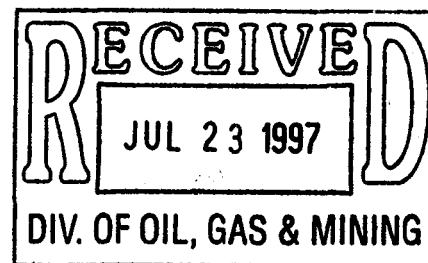
Wexpro intends to close the production pit on this location according to the following procedure.

1. Any free liquid will be pumped from the pits.
2. The pits will be allowed to dry out.
3. Any soil that looks contaminated by visual inspection will be removed from the pit and spread on location.
4. The pits will be filled in using existing soil on location.
5. The final reclamation will take place once the well is plugged and abandoned.

Accepted by the State
 of Utah Division of
 Oil, Gas and Mining

Date: 7/28/97

By: [Signature]



18. I hereby certify that the foregoing is true and correct

SIGNED [Signature]

TITLE

OPERATIONS MANAGER

DATE

July 18, 1997

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT -" for such proposals

5. LEASE DESIGNATION AND SERIAL NO.

U-4486

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. IF UNIT OR CA, AGREEMENT DESIGNATION

ISLAND UNIT

8. WELL NAME AND NO.

UNIT NO. 14

9. API WELL NO.

43-047-31331

10. FIELD AND POOL, OR EXPLORATORY AREA

ISLAND-WASATCH

11. COUNTY OR PARISH, STATE

UINTAH COUNTY, UT

1. TYPE OF WELL

OIL ☐ WELL GAS ☒ WELL ☐ OTHER

2. NAME OF OPERATOR

WEXPRO COMPANY

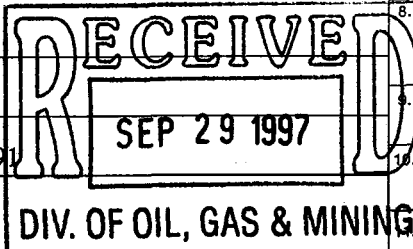
3. ADDRESS AND TELEPHONE NO.

P. O. BOX 458, ROCK SPRINGS, WY 82902 (307) 382-9791

4. LOCATION OF WELL (FOOTAGE, SEC., T., R., M., OR SURVEY DESCRIPTION)

1487' FSL, 1173' FEL, NE SE

8-10S-20E



12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Equipment Installation & Measurement Method

☐ Change in Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Wexpro proposes to install the following equipment on the above location to process production from Island Unit Well Nos. 14, 34 & 35.

One three-phase heater separator will be installed for the production from Island Unit Well Nos. 14, 34 & 35. One dehy unit will be installed and connected to the existing gas pipeline. Two additional 400 barrel tanks will be installed making a total of three (one water tank and two oil tanks). The existing earthen water drain pit will be closed in accordance to all applicable rules and regulations and replaced with a surface blow down tank. All the equipment will be on the well location. Layout of the equipment will be submitted when the wells are completed.
the wells are completed.

GAS VOLUME ALLOCATION

Testing Procedure

All three locations will be set up similar; they will have one central gas meter, one production unit with isolation valves for each well that produces to it. All wells will be shut off except the well that is on test, which will flow for 24 hours to obtain a stable gas volume. Then all wells will be turned back on until a level production rate is obtained, at that time another well will be put on test. After all wells have been tested, the volumes will be added together to obtain a percentage to apply to the central gas meter.

Testing Schedule

The initial test will be 30 days from initial production date. The second test will be 90 days from the first test.
The third test will be 180 days from the second test. All remaining tests will be performed annually.

14. I hereby certify that the foregoing is true and correct

Signed

Title

Operations Manager

Date

September 19, 1997

(This space for Federal or State office use)

Approved by

Title

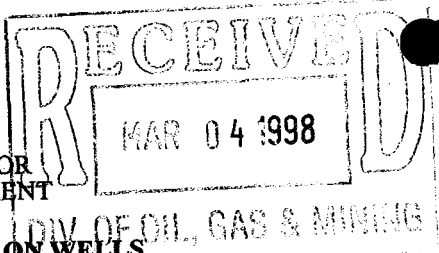
Date

Conditions of approval, if any:

Title 18 U.S. C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT



FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT -" for such proposals

SUBMIT IN TRIPLICATE

1. TYPE OF WELL OIL <input type="checkbox"/> WELL GAS <input checked="" type="checkbox"/> WELL <input type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. U-4486
2. NAME OF OPERATOR WEXPRO COMPANY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---
3. ADDRESS AND TELEPHONE NO. P. O. BOX 458, ROCK SPRINGS, WY 82902 (307) 382-9791	7. IF UNIT OR CA, AGREEMENT DESIGNATION ISLAND
4. LOCATION OF WELL (FOOTAGE, SEC., T., R., M., OR SURVEY DESCRIPTION) 1487' FSL, 1173' FEL, NE SE 8-10S-20E	8. WELL NAME AND NO. UNIT NO. 14
	9. API WELL NO. 43-047-31331
	10. FIELD AND POOL, OR EXPLORATORY AREA ISLAND - WASATCH
	11. COUNTY OR PARISH, STATE UINTAH COUNTY, UTAH

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change in Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other PIT CLOSURE	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Wexpro Company intends to install production facilities as per the attached schematic.

14. I hereby certify that the foregoing is true and correct

Signed	Title Operations Manager	Date 03/02/98
--------	---------------------------------	----------------------

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

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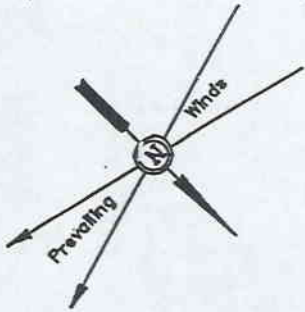
*See Instruction on Reverse Side

WEXPRO COMPANY

LOCATION LAYOUT FOR

ISLAND UNIT #14, #35 & #34
SECTION 8, T10S, R20E, S.L.B.&M.
NE 1/4 SE 1/4

FIGURE #1



SCALE: 1" = 60'
DATE: 07-06-97
Drawn By: D.R.B.

APPROX.
TOP OF
CUT SLOPE

FLARE PIT
Min. 100' from
rig substructure.
Min. 30' from
reserve pit fence.



C-37.9'
El. 51.2'
(Btm. Pit)

C-16.4'
El. 39.7'

C-1.9'
El. 25.2'

C-12.0'
El. 35.3'

C-4.6'
El. 27.9'

Sta. 4+10



6x6 Water Drain Pit
3-400 bbl Tanks

Existing Well Pad

C-0.2'
El. 23.5'

C-0.4'
El. 23.7'

GRADE
El. 23.3'

C-0.2'
El. 23.5'

Sta. 2+10

RESERVE PITS
(10' Deep)

Total Pit Capacity
W/2' of Freeboard
= 27,820 Bbls. ±
Total Pit Volume
= 7,560 Cu. Yds.

Sta. 0+65

APPROX.
TOE OF
FILL SLOPE

C-1.5'
El. 14.8'
(Btm. Pit)

F-9.5'
El. 13.8'

Reserve Pit Backfill
& Spoils Stockpile

F-12.9'
El. 10.4'

F-10.4'
El. 12.9'

F-9.3'
El. 14.0'

Proposed Access
Road

CONSTRUCT
DIVERSION
DITCH

Sta. 0+00

Elev. Ungraded Ground at Location Stake = 4923.3'
Elev. Graded Ground at Location Stake = 4923.3'

UINTAH ENGINEERING & LAND SURVEYING
86 So. 200 East • Vernal, Utah 84078 • (801) 789-1017

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT -" for such proposals

SUBMIT IN TRIPLICATE

1. TYPE OF WELL

OIL ☐ WELL GAS ☒ WELL ☐ OTHER

2. NAME OF OPERATOR

WEXPRO COMPANY

3. ADDRESS AND TELEPHONE NO.

P. O. BOX 458, ROCK SPRINGS, WY 82902 (307) 382-9791

4. LOCATION OF WELL (FOOTAGE, SEC., T., R., M., OR SURVEY DESCRIPTION)

SEE ATTACHED SHEET

43.047.31331

5. LEASE DESIGNATION AND SERIAL NO.

SEE ATTACHED SHEET

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NA

7. IF UNIT OR CA, AGREEMENT DESIGNATION

ISLAND

8. WELL NAME AND NO.

SEE ATTACHED SHEET

9. API WELL NO.

SEE ATTACHED SHEET

10. FIELD AND POOL, OR EXPLORATORY AREA

ISLAND

11. COUNTY OR PARISH, STATE

UINTAH COUNTY, UTAH

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

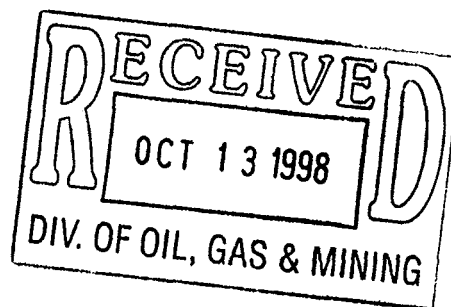
TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Produced Water Disposal
☐ Change in Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Wexpro Company is required as a Condition of Approval on Sundry Notices approving installation of blowdown tanks on Island Unit Wells No. 21, 25, 26, 27 and 30, to notify the BLM of the name and location of the facility to be used to dispose of produced water. Please note that all excess produced water is hauled by tank truck over Unit, Tribal, County and State roads to the Ace Disposal Pit which is approved by the State of Utah. Attached is a list of all wells in the Island Unit. Produced water from any of these wells may be hauled to the Ace Pit.



14. I hereby certify that the foregoing is true and correct

Signed G. T. Nimmo Title G. T. Nimmo, Operations Manager Date October 9, 1998

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

Title 18 U.S. C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See instruction on Reverse Side

WELL NAME and FIELD	API NUMBER	TYPE WELL	LEGAL DESCRIPTION	COUNTY, STATE	UNIT CA PA NUMBER	LEASE NUMBER	PRODUCING FORMATION	BWPD	NTL-2B (CRITERIA)	PIT SIZE	NTL-2B SUBMITTED	NTL-2B APPROVED	SITE-SECRTY REVISED
ISLAND UNIT					891006936A								
UNIT NO. 3	4304715843	WAG	NE SW 8-10S-20E	UINTAH, UT		U-4486	WASATCH	TRACE	4	24X25X4	6-18-84	7-27-84	04-27-85
UNIT NO. 9	4304730488	WAG	C SW 11-10S-19E	UINTAH, UT		U-4481	WASATCH	0.02	4	18X12X4	4-22-80	5-9-80	8-10-90
								TRACE	4	BARREL	5-13-86	6-4-86	
UNIT NO. 11	4304731241	WAG	SE NW 11-10S-19E	UINTAH, UT		U-4481	WASATCH	0.02	4	16X20X6	6-18-84	7-27-84	8-10-90
								TRACE	4	BARREL	5-13-86	6-4-86	
UNIT NO. 12	4304731242	WAG	NE SE 11-10S-19E	UINTAH, UT		U-4481	WASATCH	4.00	4	16X20X5	6-18-84	7-27-84	8-10-90
								TRACE	4	BARREL	5-13-86	6-4-86	
UNIT NO. 13	4304731239	WAG	SE SE 12-10S-19E	UINTAH, UT		U-4484	WASATCH	4.50	4	16X19X8	6-18-84	7-27-84	12-1-87
								TRACE	4	BARREL	5-13-86	6-4-86	
UNIT NO. 14	4304731331	WAG	NE SE 8-10S-20E	UINTAH, UT		U-4486	WASATCH	TRACE	4	BARREL	5-13-86	6-4-86	05-27-88
UNIT NO. 15	4304731330	WAG	SW SE 7-10S-20E	UINTAH, UT		U-4482	WASATCH	0.57	4	12X12X4	6-18-84	7-27-84	8-10-90
								TRACE	4	BARREL	5-13-86	6-4-86	
UNIT NO. 16	4304731505	CIO	NE SW 11-10S-18E	UINTAH, UT		U-013818	GREEN RIVER	1.00	4	24X24X8	3-13-85	8-20-87	3-3-89
								0.25	4	8X10X3	3-13-85	8-20-87	
UNIT NO. 17	4304731503	WAG	SE SW 2-10S-19E	UINTAH, UT		ML-11004	WASATCH	EMRG		12X12X6	6-26-86**	NO ST. RESP.	8-20-90
UNIT NO. 18	4304731502	WAG	SE NW 2-10S-19E	UINTAH, UT		ML-11004	WASATCH	EMRG		12X12X4	6-26-86**	NO ST. RESP.	07-14-98
UNIT NO. 19	4304731633	WAG	SE SW 9-10S-20E	UINTAH, UT		U-013768	WASATCH	EMRG		10X10X8	5-8-86	8-8-86	7-28-88
								TRACE	4	7X28X4	7-14-86	8-8-86	
								TRACE	4	BARREL	7-14-86	8-8-86	
UNIT NO. 20	4304731629	WAG	SW NW 7-10S-20E	UINTAH, UT		U-4482	WASATCH	3.50	4	14X12X8	1-20-86	2-10-86	1-20-86
								TRACE	4	8X8X3	1-20-86	2-10-86	
								TRACE	4	BARREL	1-20-86	2-10-86	
UNIT NO. 21	4304731628	WAG	NW NW 12-10S-19E	UINTAH, UT		U-4484	WASATCH	EMRG		12X12X8	5-8-86	6-4-86	7-28-88
								TRACE	4	11X11X3	5-8-86	6-4-86	
								TRACE	4	BARREL	5-8-86	6-4-86	
UNIT NO. 22	4304731632	WAG	SE SE 9-10S-20E	UINTAH, UT		U-013768	WASATCH	TRACE	4	13X8X5	7-15-86	8-8-86	05-27-88
								TRACE	4	BARRELL	8-22-88	9-15-88	
UNIT NO. 23	4304731631	WAG	NE NE 9-10S-20E	UINTAH, UT		U-013768	WASATCH	3.70	4	16X9X5	7-14-86	8-8-86	1-20-86
								TRACE	4	5X9X4	7-14-86	8-8-86	
								TRACE	4	BARREL	7-14-86	8-8-86	
UNIT NO. 24	4304731630	WAG	SW NW 8-10S-20E	UINTAH, UT		U-4482	WASATCH	1.50	4	11X8X7	1-20-86	2-10-86	1-20-86
								TRACE	4	BARREL	1-20-86	2-10-86	
UNIT NO. 25	4304731702	WAG	NW NE 11-10S-19E	UINTAH, UT		U-4481	WASATCH	TRACE	4	BARREL	1-5-87	4-28-87	8-22-88
								5.00	4	21X23X5	1-5-87	4-28-87	
UNIT NO. 26	4304731701	WAG	SE SE 2-10S-19E	UINTAH, UT		ML-11004	WASATCH	TRACE	4	BARREL	1-5-87**	NO ST. RESP.	8-22-88
								5.00	4	24X26X5	1-5-87**	NO ST. RESP.	
UNIT NO. 27	4304731703	WAG	NE NW 9-10S-20E	UINTAH, UT		U-013768	WASATCH	TRACE	4	BARREL	1-5-87	4-28-87	8-22-88
								5.00	4	15X21X10	11-9-88	12-21-88	
UNIT NO. 29	4304731752	WAG	SE NE 2-10S-19E	UINTAH, UT		ML-11004	WASATCH	TRACE	4	BARREL	2-27-87	3-13-87	07-14-98
								5.00	4	16X16X6	2-17-87	3-13-87	
UNIT NO. 30	4304731749	WAG	NW NE 12-10S-19E	UINTAH, UT		U-4484	WASATCH	TRACE	4	BARREL	2-27-87	3-13-87	12-1-87
								5.00	4	16X16X6	11-9-88	12-21-88	
UNIT NO. 32	4304731751	WAG	SW NE 8-10S-20E	UINTAH, UT		U-4482	WASATCH	TRACE	4	BARREL	2-27-87	3-13-87	10-07-91
								5.00	4	16X16X6	11-9-88	12-21-88	
UNIT NO. 34	4304732962	WAG	NE SE 8-10S-20E	UINTAH, UT		U-4486	WASATCH						05-27-88
UNIT NO. 35	4304732963	WAG	NE SE 8-10S-20E	UINTAH, UT		U-013768	WASATCH						05-27-88
UNIT NO. 36	4304732964	WAG	SE SE 9-10S-20E	UINTAH, UT		14-20-462-391	WASATCH						05-27-88
UNIT NO. 37	4304732966	WAG	NW NW 8-10S-20E	UINTAH, UT		U-4483	WASATCH						05-15-98
UNIT NO. 38	4304733107	WAG	SE SE 12-10S-19E	UINTAH, UT		U-4484	WASATCH			NO PIT			
UNIT NO. 39	4304732967	WAG	NW NW 8-10S-20E	UINTAH, UT		U-4481	WASATCH			NO PIT			
UNIT NO. 41	4304732968	WAG	NW NW 8-10S-20E	UINTAH, UT		U-4483	WASATCH			NO PIT			05-15-98
UNIT NO. 43	4304732965	WAG	SE SE 9-10S-20E	UINTAH, UT		U-013768	WASATCH			NO PIT			05-27-88
UNIT NO. 44	4304732959	WAG	SW SE 7-10S-20E	UINTAH, UT		U-4483	WASATCH						05-27-88
UNIT NO. 45	4304732960	WAG	SW SE 7-10S-20E	UINTAH, UT		U-4483	WASATCH						05-27-88
UNIT NO. 46	4304732961	WAG	SW SE 7-10S-20E	UINTAH, UT		U-4482	WASATCH						05-27-88
UNIT NO. 50	4304733108	WAG	SE SE 12-10S-19E	UINTAH, UT		U-4482	WASATCH						05-27-88
UNIT NO. 51	4304733109	WAG	SE SE 12-10S-19E	UINTAH, UT		U-4484	WASATCH			NO PIT			
UNIT NO. 52	4304733110	WAG	SE SE 12-10S-19E	UINTAH, UT		U-4484	WASATCH			NO PIT			
UNIT NO. 53	4304733111	WAG	NE SE 11-10S-19E	UINTAH, UT		U-4481	WASATCH			NO PIT			
UNIT NO. 54	4304733112	WAG	NE SE 11-10S-19E	UINTAH, UT		U-4481	WASATCH			NO PIT			
UNIT NO. 55	4304733113	WAG	NE SE 11-10S-19E	UINTAH, UT		U-4481	WASATCH			NO PIT			

WELL NAME and FIELD	API NUMBER	TYPE WELL	LEGAL DESCRIPTION	COUNTY, STATE	UNIT CA PA NUMBER	LEASE NUMBER	PRODUCING FORMATION	BWPD	NTL-2B (CRITERIA)	PIT SIZE	NTL-2B SUBMITTED	NTL-2B APPROVED	SITE-SECRTY REVISED
UNIT NO. 58	4304733114	WVG	NE SE 11-10S-19E	UINTAH, UT		U-4481	WASATCH			NO PIT			

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT -" for such proposals

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. LEASE DESIGNATION AND SERIAL NO.
U-4486, U-4486, and U-013768

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NA

7. IF UNIT OR CA, AGREEMENT DESIGNATION

ISLAND

8. WELL NAME AND NO.
WELL PAD NO. 3

ISLAND UNIT NO. 14, 34 and 35

9. API WELL NO.
43-047-31331, 32962, and 32963

10. FIELD AND POOL, OR EXPLORATORY AREA
ISLAND

11. COUNTY OR PARISH, STATE

UINTAH COUNTY, UTAH

SUBMIT IN TRIPLICATE

1. TYPE OF WELL

OIL ☐ WELL GAS ☒ WELL ☐ OTHER

2. NAME OF OPERATOR

WEXPRO COMPANY

3. ADDRESS AND TELEPHONE NO.

P. O. BOX 458, ROCK SPRINGS, WY 82902 (307) 382-9791

4. LOCATION OF WELL (FOOTAGE, SEC., T., R., M., OR SURVEY DESCRIPTION)

1487' FSL, 1173' FEL (Surface Location of Island 14)
NE SE 8-10S-20E

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

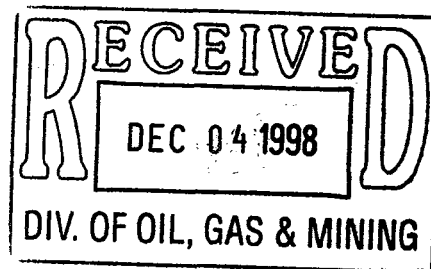
TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Install Facilities
☐ Change in Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Wexpro Company requests approval to install additional production facilities on the above location. In addition to the equipment approved on the Sundry Notice dated April 16, 1998, it is now required that a compressor be installed. Please refer to the attached schematic.



14. I hereby certify that the foregoing is true and correct

Signed

Title

G. T. Nimmo, Operations Manager

December 2, 1998

Date

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

Accepted by the

Utah Division of

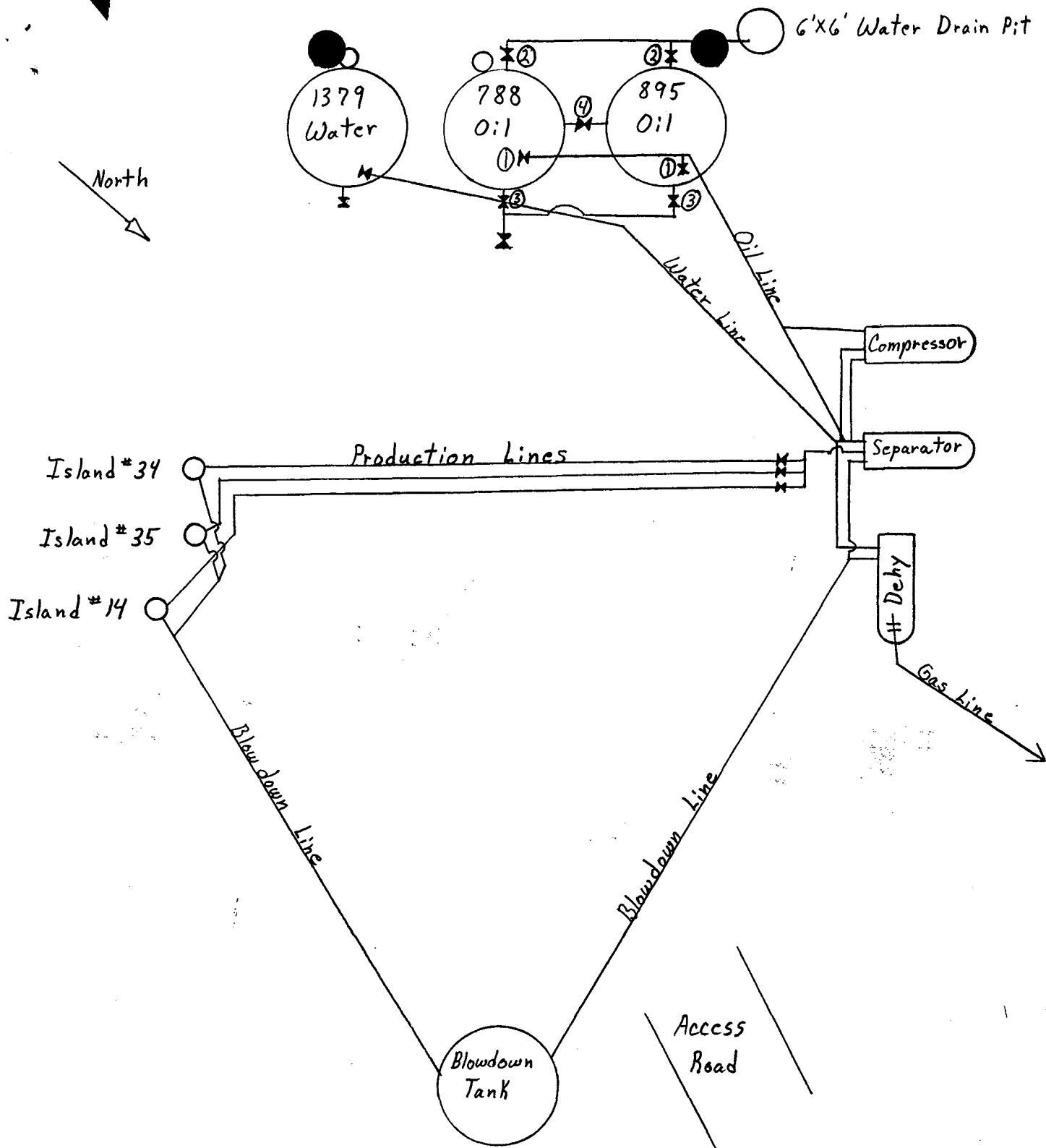
Oil, Gas and Mining

FOR RECORD ONLY

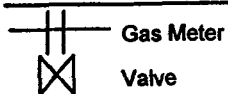
*See Instruction on Reverse Side

COPY SENT TO OPERATOR
Date: 12-17-98
Initials: G.T.N.

Federal Approval of this
Action is Necessary



LEGEND



VALVE NO.	PRODUCTION	SALES
1	OPEN	CLOSED
2	CLOSED	CLOSED
3	CLOSED	OPEN
4	OPEN	CLOSED

SITE SECURITY DIAGRAM

Well Names	Island Unit #14	Island Unit #34	Island Unit #35
Lease No.	U-4486	U-4486	U-013768
Unit ID.	891006935A		
Location	NE SE Sec.8 R10S T20E		
County	Uintah		
State	Utah		
Operator	Wexpro		

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT -" for such proposals

5. LEASE DESIGNATION AND SERIAL NO.
SEE BELOW

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. IF UNIT OR CA, AGREEMENT DESIGNATION

ISLAND

8. WELL NAME AND NO.

ISLAND UNIT WELLS

9. API WELL NO.

SEE BELOW

10. FIELD AND POOL, OR EXPLORATORY AREA

ISLAND

11. COUNTY OR PARISH, STATE

UINTAH COUNTY, UTAH

SUBMIT IN TRIPLICATE

1. TYPE OF WELL

OIL ☐ WELL GAS ☒ WELL ☐ OTHER

2. NAME OF OPERATOR

WEXPRO COMPANY

3. ADDRESS AND TELEPHONE NO.

P. O. BOX 458, ROCK SPRINGS, WY 82902 (307) 382-9791

4. LOCATION OF WELL (FOOTAGE, SEC., T., R., M., OR SURVEY DESCRIPTION)

SEE BELOW

43.047.31331

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other **ELECTRONIC MEASUREMENT**

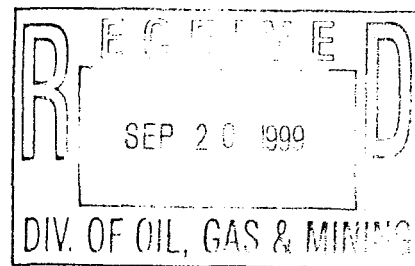
☐ Change in Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

On all wells in the Island Unit, with the exception of Island No. 23, Wexpro intends to install EGM to replace the current gas chart meters. A Fisher ROC model 364/MCU will be installed with the following Rosemount transducers, 3051CG3M52A1AT1, 3051CD2M52A1AT1 and 0444LM1U1A2E5.

See attached for the list of wells to be included in the project.



14. I hereby certify that the foregoing is true and correct

Signed [Signature] Title **G. T. Nimmo, Operations Manager**

Date **September 16, 1999**

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: _____

Title 18 U.S. C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

WELL NAME	PAD NO.	API NUMBER	LEGAL DESCRIPTION	COUNTY, STATE	UNIT CA PA NUMBER	LEASE NUMBER
<u>ISLAND UNIT</u>				Unit Number	891006935A	
UNIT NO. 3		4304715643	NE SW 8-10S-20E	UINTAH, UT		U-4486
UNIT NO. 9		4304730488	C SW 11-10S-19E	UINTAH, UT		U-4481
UNIT NO. 10	8	4304730725	SW SW 12-10S-19E	UINTAH, UT		U-4484
UNIT NO. 11		4304731241	SE NW 11-10S-19E	UINTAH, UT		U-4481
UNIT NO. 12	6	4304731242	NE SE 11-10S-19E	UINTAH, UT		U-4481
UNIT NO. 13	5	4304731239	SE SE 12-10S-19E	UINTAH, UT		U-4484
UNIT NO. 14	3	4304731331	NE SE 8-10S-20E	UINTAH, UT		U-4486
UNIT NO. 15		4304731330	SW SE 7-10S-20E	UINTAH, UT		U-4482
UNIT NO. 16		4304731505	NE SW 11-10S-18E	UINTAH, UT		U-013818
UNIT NO. 17		4304731503	SE SW 2-10S-19E	UINTAH, UT		ML-11004
UNIT NO. 18		4304731502	SE NW 2-10S-19E	UINTAH, UT		ML-11004
UNIT NO. 19		4304731633	SE SW 9-10S-20E	UINTAH, UT		U-013768
UNIT NO. 20	7	4304731629	SW NW 7-10S-20E	UINTAH, UT		U-4482
UNIT NO. 21		4304731628	NW NW 12-10S-19E	UINTAH, UT		U-4484
UNIT NO. 22	4	4304731632	SE SE 9-10S-20E	UINTAH, UT		U-013768
UNIT NO. 24		4304731630	SW NW 8-10S-20E	UINTAH, UT		U-4482
UNIT NO. 25		4304731702	NW NE 11-10S-19E	UINTAH, UT		U-4481
UNIT NO. 26		4304731701	SE SE 2-10S-19E	UINTAH, UT		ML-11004
UNIT NO. 27		4304731703	NE NW 9-10S-20E	UINTAH, UT		U-013768
UNIT NO. 29		4304731752	SE NE 2-10S-19E	UINTAH, UT		ML-11004
UNIT NO. 30		4304731749	NW NE 12-10S-19E	UINTAH, UT		U-4484
UNIT NO. 32		4304731751	SW NE 8-10S-20E	UINTAH, UT		U-4482
UNIT NO. 34	3	4304732962	NE SE 8-10S-20E	UINTAH, UT		U-4486
UNIT NO. 35	3	4304732963	NE SE 8-10S-20E	UINTAH, UT		U-013768
UNIT NO. 36	4	4304732964	SE SE 9-10S-20E	UINTAH, UT		14-20-462-391
UNIT NO. 37	1	4304732966	NW NW 8-10S-20E	UINTAH, UT		U-4483
UNIT NO. 38	5	4304733107	SE SE 12-10S-19E	UINTAH, UT		U-4484
UNIT NO. 39	1	4304732967	NW NW 8-10S-20E	UINTAH, UT		U-4481
UNIT NO. 41	1	4304732968	NW NW 8-10S-20E	UINTAH, UT		U-4483
UNIT NO. 43	4	4304732965	SE SE 9-10S-20E	UINTAH, UT		U-013768
UNIT NO. 44	2	4304732959	SW SE 7-10S-20E	UINTAH, UT		U-4483
UNIT NO. 45	2	4304732960	SW SE 7-10S-20E	UINTAH, UT		U-4483
UNIT NO. 46	2	4304732961	SW SE 7-10S-20E	UINTAH, UT		U-4482
UNIT NO. 50	5	4304733108	SE SE 12-10S-19E	UINTAH, UT		U-4482
UNIT NO. 51	5	4304733109	SE SE 12-10S-19E	UINTAH, UT		U-4484
UNIT NO. 52	5	4304733110	SE SE 12-10S-19E	UINTAH, UT		U-4484
UNIT NO. 53	6	4304733111	NE SE 11-10S-19E	UINTAH, UT		U-4481
UNIT NO. 54	6	4304733112	NE SE 11-10S-19E	UINTAH, UT		U-4481
UNIT NO. 55	6	4304733113	NE SE 11-10S-19E	UINTAH, UT		U-4481
UNIT NO. 56	6	4304733114	NE SE 11-10S-19E	UINTAH, UT		U-4481
UNIT NO. 64	7	4304733304	SW NW 7-10S-20E	UINTAH, UT		U-4482
UNIT NO. 65	7	4304733305	SW NW 7-10S-20E	UINTAH, UT		U-4482
UNIT NO. 66	7	4304733306	SW NW 7-10S-20E	UINTAH, UT		U-4482
UNIT NO. 67	8	4304733307	SW SW 12-10S-19E	UINTAH, UT		U-4484
UNIT NO. 68	8	4304733308	SW SW 12-10S-19E	UINTAH, UT		U-4484

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS
*Do not use this form for proposals to drill or to re-enter an
abandoned well. Use Form 3160-3 (APD) for such proposals.*

SUBMIT IN TRIPLICATE - Other Instructions on page 2.

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
Wexpro Company

3a. Address
P.O. Box 458
Rock Springs, WY 82902

3b. Phone No. (include area code)
307.382.9791

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1487' FSL, 1173' FEL, NE SE 8-10S-20E

5. Lease Serial No.
U-4486

6. If Indian, Allottee, or Tribe Name
N/A

7. If Unit or CA. Agreement Name and/or No.
UTU063026X Island Unit

8. Well Name and No.
Island Unit 14

9. API Well No.
43-047-31331

10. Field and Pool, or Exploratory Area
Wasatch

11. County or Parish, State
Uintah Utah

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input checked="" type="checkbox"/> Production (Start/ Resume)	<input type="checkbox"/> Water Shut-off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and abandon	<input type="checkbox"/> Temporarily Abandon	
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths or pertinent markers and sands. Attach the Bond under which the work will performed or provide the Bond No. on file with the BLM/ BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notice shall be filed only after all requirements, including reclamantion, have been completed, and the operator has determined that the site is ready for final inspection.)

The above well resumed production, after being off for more than 90 days, on October 18, 2007 at 9:00 A.M.

14. I hereby certify that the foregoing is true and correct.
Name (Printed/ Typed)

G.T. Nimmo

Title

Operations Manager

Signature

Date

October 22, 2007

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title 18 U.S.C. Section 1001 AND Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

RECEIVED

OCT 25 2007

DIV. OF OIL, GAS & MINING

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other Instructions on page 2.

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. U-4486
2. Name of Operator Wexpro Company		6. If Indian, Allottee, or Tribe Name N/A
3a. Address P.O. Box 458 Rock Springs, WY 82902	3b. Phone No. (include area code) 307.382.9791	7. If Unit or CA. Agreement Name and/or No. UTU063026X Island Unit
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1487' FSL, 1173' FEL, NE SE 8-10S-20E		8. Well Name and No. Island Unit 14
		9. API Well No. 43-047-31331
		10. Field and Pool, or Exploratory Area Wasatch
		11. County or Parish, State Uintah Utah

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/ Resume)	<input type="checkbox"/> Water Shut-off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug back	<input checked="" type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths or pertinent markers and sands. Attach the Bond under which the work will performed or provide the Bond No. on file with the BLM/ BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notice shall be filed only after all requirements, including reclamantion, have been completed, and the operator has determined that the site is ready for final inspection.)

Water produced from the above well will be disposed of in a water / blow down tank as previously approved.
Excess water production will be hauled to the following State of Utah approved disposal sites:

R N Industries Inc Sec. 4-2S-2W - Bluebell
LaPoint Recycle & Storage Sec. 12-5S-19E - LaPoint
Dalbo, Inc Sec. 02-6S-20E - Vernal

All excess produced water will be hauled by tank truck over Unit, Tribal, County and State roads.

RECEIVED

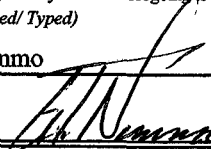
APR 18 2008

DIV. OF OIL, GAS & MINING

14. I hereby certify that the foregoing is true and correct.
Name (Printed/ Typed)

G.T. Nimmo

Signature



Accepted by the
Utah Division of
Oil, Gas and Mining
FOR RECORD ONLY

Operations Manager

April 9, 2008

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title 18 U.S.C. Section 1001 AND Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)